

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lisling Creek* TownCounty *Dor.*Date of death *1909 Feb*Day *8*Age *31* Years

Months

Days *24*Sex *female*Color or Race *White*Birth-place *Lisling Creek*Occupation *House Keeper*Where Residing if not at place of death *Lisling Creek*Married, Single or Widowed *Married*Name of Wife or Husband *Ralph H. Hall*Father's Name *Linn Arrow*Father's Birthplace *Barnesland*Mother's Maiden Name *Jimie Arrow*

Mother's Birthplace

Name of person giving information *Ralph Hall*How related to deceased *Husband*

CAUSES OF DEATH

Primary *General Tuberculosis*How long *2 years*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. Houston*Address *Lisling Creek
Dorchester Co*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

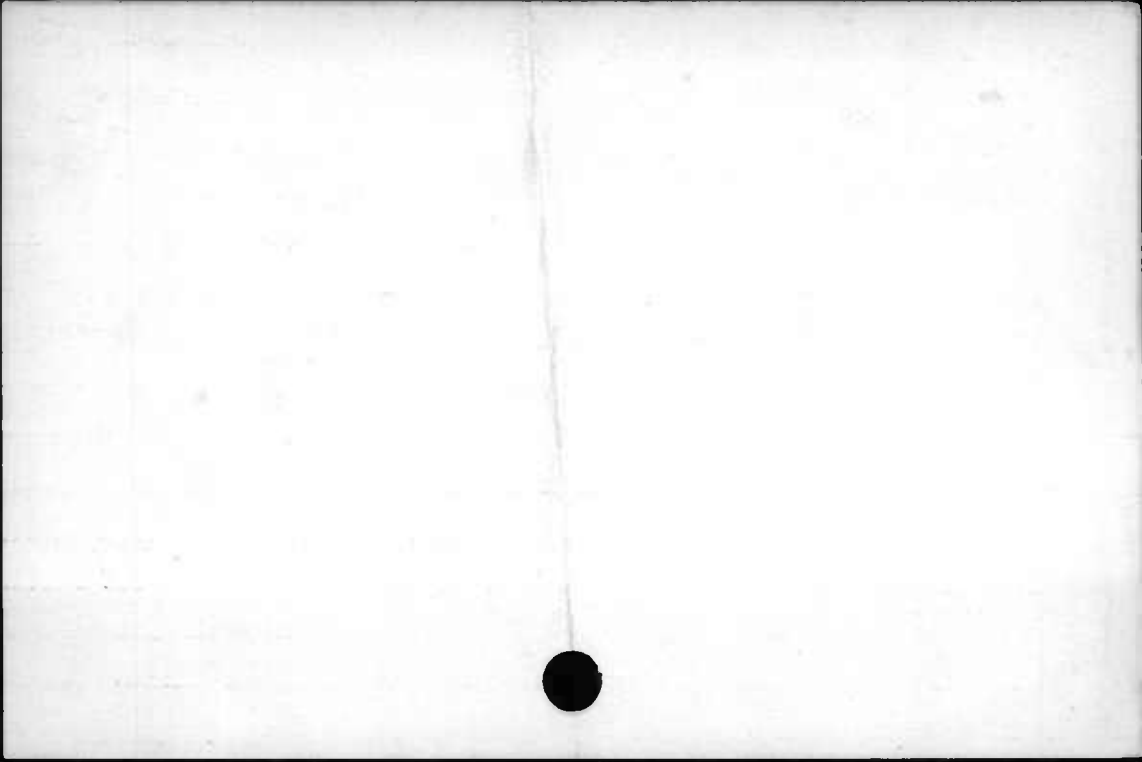
MARYLAND

Died at		Town		County	
Cambridge		Dorchester			
Date	Month	Day	Age	Years	Months
of death	1906	Feb	24th	26	
Sex	Female	Color or Race	Colored	Birth place	Baltimore City
Occupation	Housewife		Where Residing If not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		
John C. Cornish					
Father's Name	Unknown		Father's Birthplace		
Mother's Maiden Name	Lizzie Johnson		Mother's Birthplace		
Name of person giving information		John C. Cornish		How related to deceased	
				Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Six weeks
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dexter T. Reynolds M.D.
		Address	Cambridge Md
Accident or Suicide?			



Name
in
Full

Edna Cornish

CERTIFICATE OF DEATH

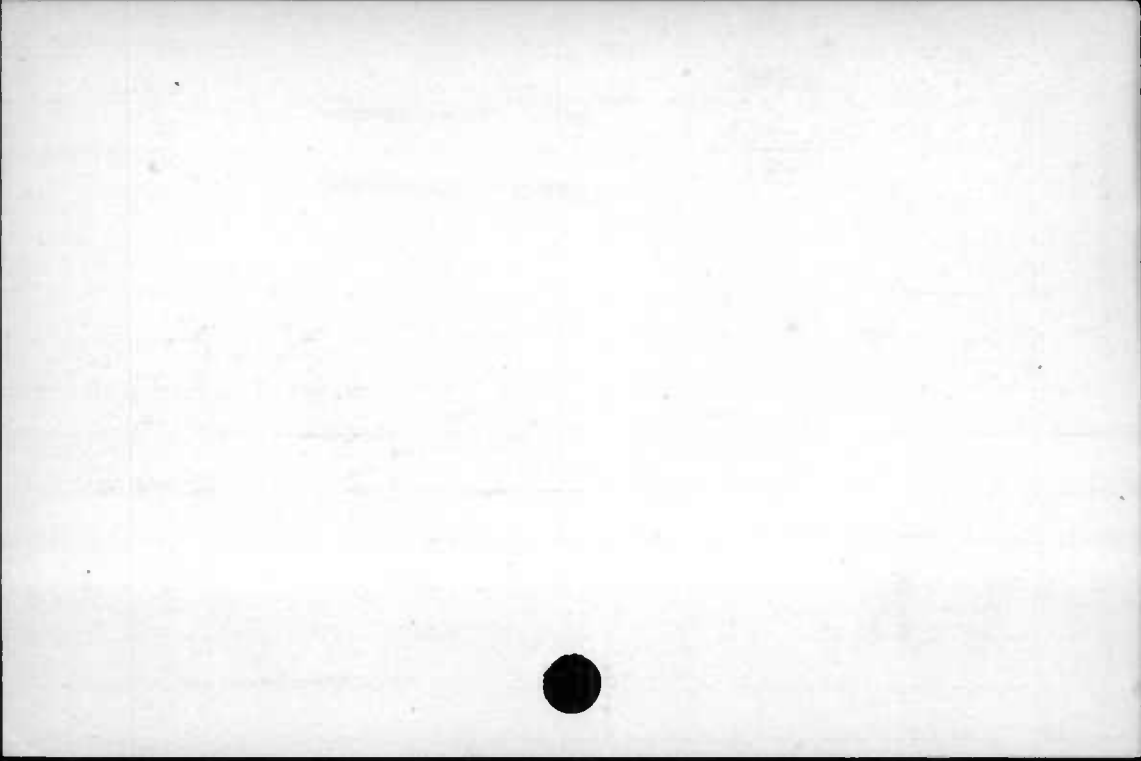
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge <small>Town</small>		Worcester <small>County</small>		MARYLAND	
Date of death 1906	Month 2	Day 14	Age —	Months 10	Days —
Sex Female		Color or Race Colored		Birth-place W. Co. Md.	
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name Isiah Cornish			Father's Birthplace W. Co. Md.		
Mother's Maiden Name Julia Thomas			Mother's Birthplace W. Co. Md.		
Name of person giving information Isiah Cornish			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis of hips & Exhaustion	How long 1 month
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Ray Steele
	Address Cambridge Md.
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

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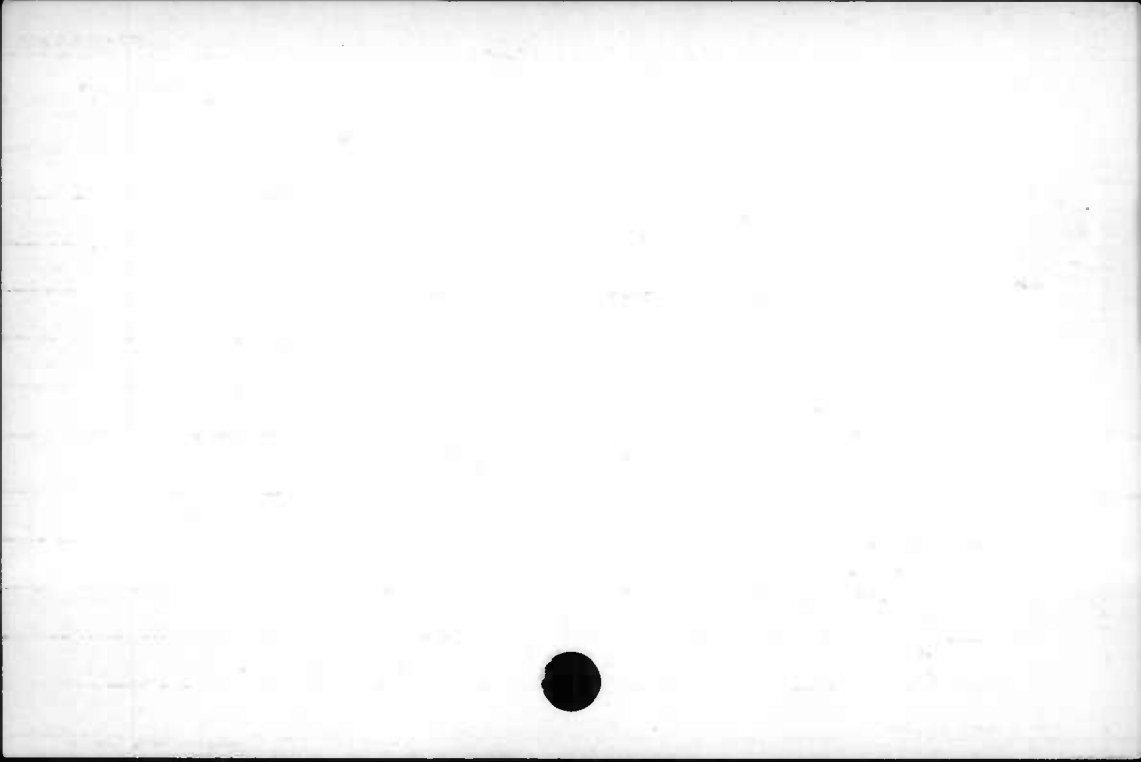
MARYLAND

Died at *Cambridge* TgwnCounty *Dorchester*Date
of death *1906*Month
*Feb*Day
*14*Age *26*Months
*7*Days
*20*Sex *male*Color or
Race *Colored*Birth-
place *md*Occupation
*laborer*Where Residing if not
at place of death *✓*Married, Single
~~or Widowed~~Name of Wife or
Husband *Jane Cornish*Father's
Name *John Jackson*Father's
Birthplace *md*Mother's
Maiden Name *Havetta Cornish*Mother's
Birthplace *md*Name of person giving
In formation *Jane Cornish*How related
to deceased *wife*

CAUSES OF DEATH

Primary *Tuberculosis*How long
*one year*Immediate *Exhaustion*How long
*5 hours*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *Chas M. Harby M.D.*Address
*Cambridge**md*

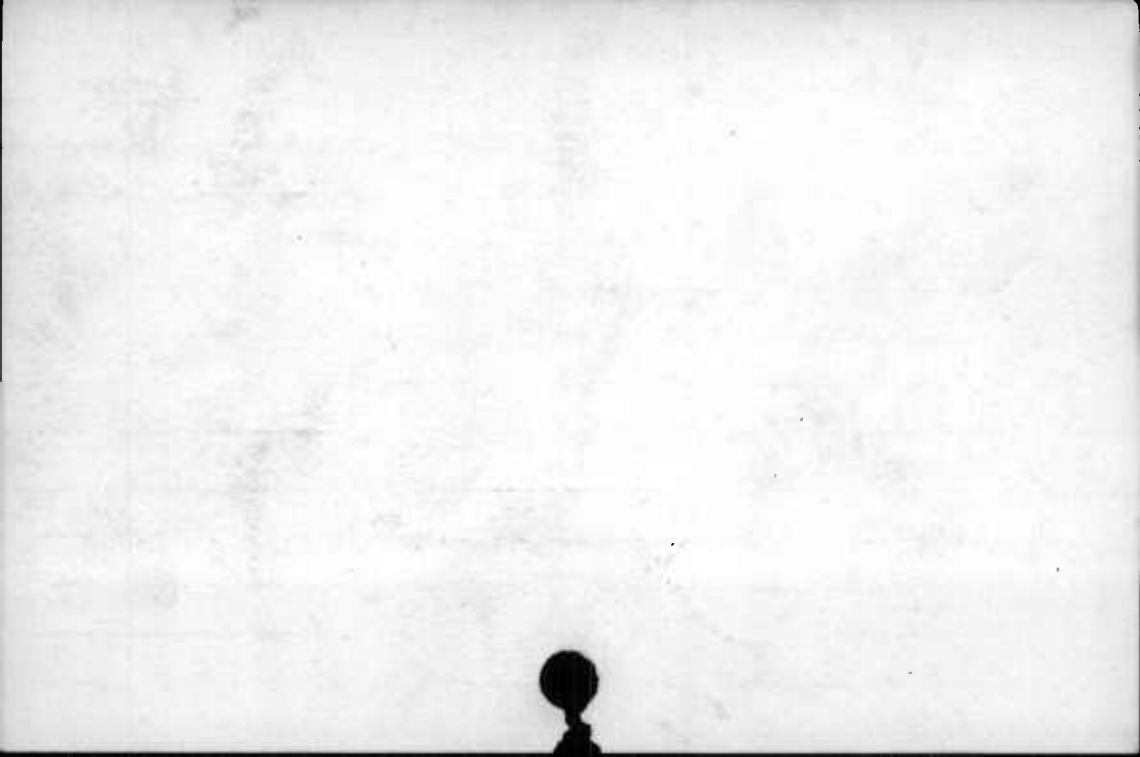
Accident or Suicide?



Name In Full John Wesley Elliott		Town Cambridge		County Dorchester		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death		Month		Day		Years	
1906		2		26		38	
Sex		Color or Race		Birthplace		Months	
Male		Colored		Dorchester Co		11	
Occupation		Where Residing if not at place of death				Days	
Laborer						12	
Married, Single or Widowed		Name of Wife or Husband					
Married		Nettie Elliott					
Father's Name		Father's Birthplace					
John W. Elliott		Dorchester Co					
Mother's Maiden Name		Mother's Birthplace					
Lucinda Sims		Carroll Co					
Name of person giving information		How related to deceased					
Lucinda Stanley		Mother					
CAUSES OF DEATH							
Primary		How long					
Chronic Nephritis		20		Four Mos			
Immediate		How long					
Uremia		Three days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Dexter T Reynolds M.D.					
		Address					
		Cambridge Md					
Accident or Suicide?							



Name in Full <i>Wm. H. Gillis</i>		CERTIFICATE OF DEATH	
Died at <i>Fishing Creek</i> Town <i>Dorchester</i> County		MARYLAND	
Date of death <i>1904</i> Month <i>Feb.</i> Day <i>3</i>	Age <i>77</i> Years <i>12</i> Months Days		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Fishing Creek</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret J. Gillis</i>		
Father's Name <i>Peter Gillis</i>	Father's Birthplace		
Mother's Maiden Name <i>Elizabeth Gillis</i>	Mother's Birthplace		
Name of person giving information <i>Miss Lottie Gillis</i>	How related to deceased <i>Daughter</i>		
CAUSES OF DEATH			
Primary <i>Valvular Heart trouble</i>	How long <i>several years</i>		
Immediate <i>Cessation of heart action</i>	How long <i>suddenly</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Mace</i>		
	Address <i>Cumby</i>		
Accident or Suicide? <i>No</i>			



John Graham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County <i>-</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>13</i>	Age <i>58</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Virginia</i>				
Occupation <i>Sailor</i>	Where Residing if not at place of death <i>Cambridge Md Hospital</i>						
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Not Known</i>		Father's Birthplace					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace					
Name of person giving information <i>Idiana Bloodworth</i>		How related to deceased <i>none</i>		<i>Officer of vessel</i>			

(64)

CAUSES OF DEATH

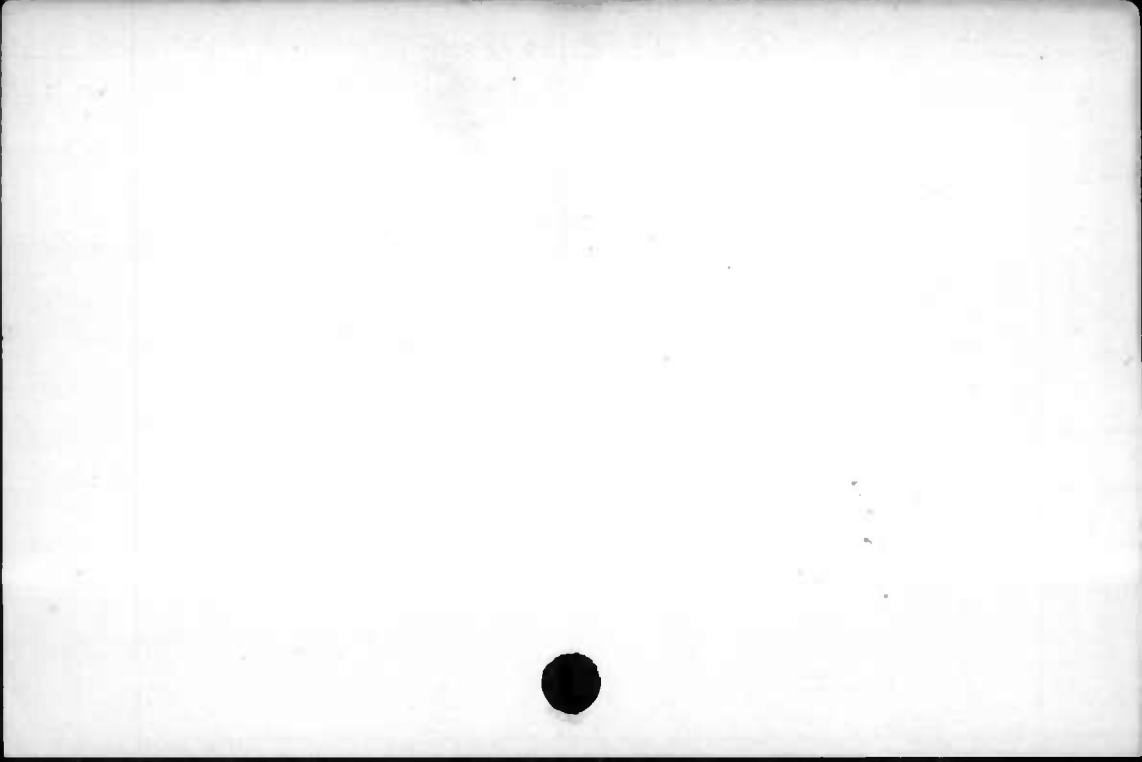
PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Can't say -</i>
Immediate <i>Hemorrhage into Brain</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. G. L. S. Borroughs</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	

~~#20~~



Name in Full		Della V. Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Fishing Creek</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>8th</i>	Age <i>31</i>	Years	Months	Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co.</i>			
	Occupation <i>Housewife</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ralph E. Hall</i>					
	Father's Name <i>Columbus T. Aaron</i>		Father's Birthplace <i>Dorchester Co.</i>				
	Mother's Maiden Name <i>Martha A. Wooten</i>		Mother's Birthplace <i>Dorchester Co.</i>				
Name of person giving information <i>Chas. Jas. Aaron</i>		How related to deceased <i>Brother</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Pulmonary Tuberculosis</i>				How long	<i>1 year</i>
	Immediate	<i>General Tuberculosis, Hemorrhage from intestines</i>				How long	<i>1 week</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>W. H. Houstons M.D.</i>		
					Address <i>Fishing Creek Md.</i>		
Accident or Suicide?							



Name
in
Full

Mr Emily E. Hayward

CERTIFICATE OF DEATH

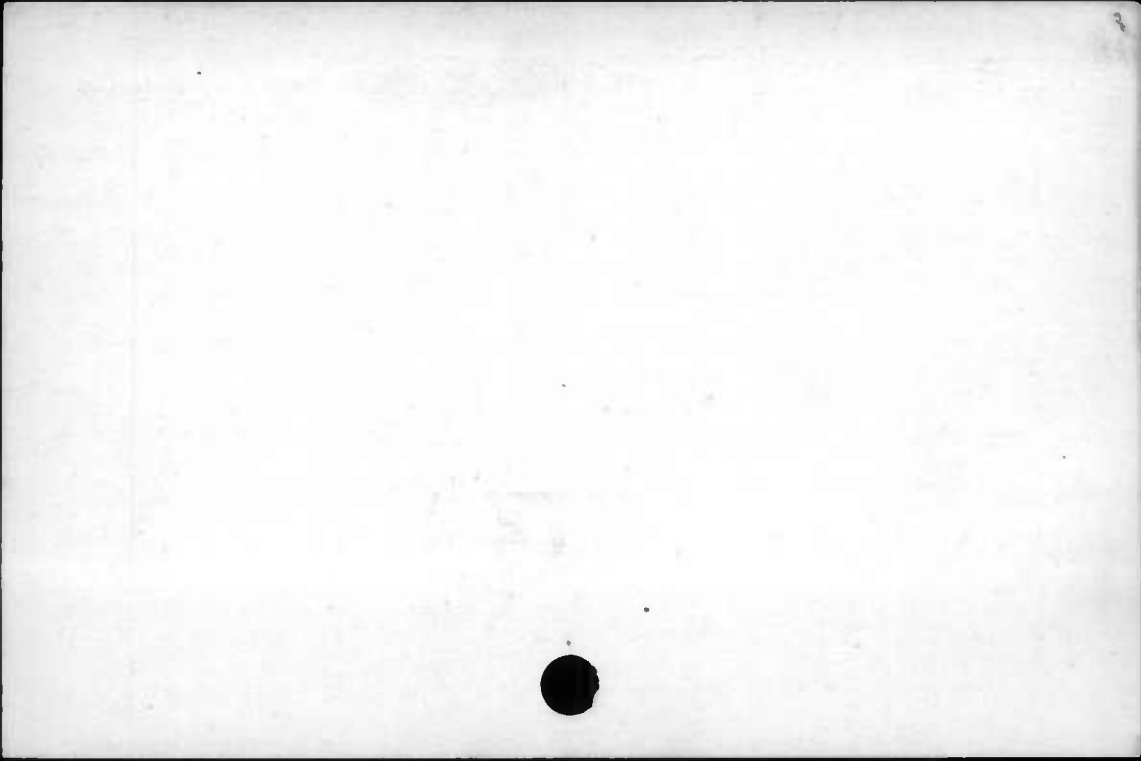
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>20</i>	Age <i>62</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Ma</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Chas E Hayward</i>				
Father's Name <i>James Eccleston</i>			Father's Birthplace <i>Dorchester Ma</i>				
Mother's Maiden Name <i>Dorothy Keene</i>			Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Mary Sullivan</i>			How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of the uterus</i>	How long	<i>8 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B M Gola borrough</i>	
		Address <i>Cambridge Ma</i>	
Accident or Suicide?			



Name
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Full

E. Lina Ruth Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

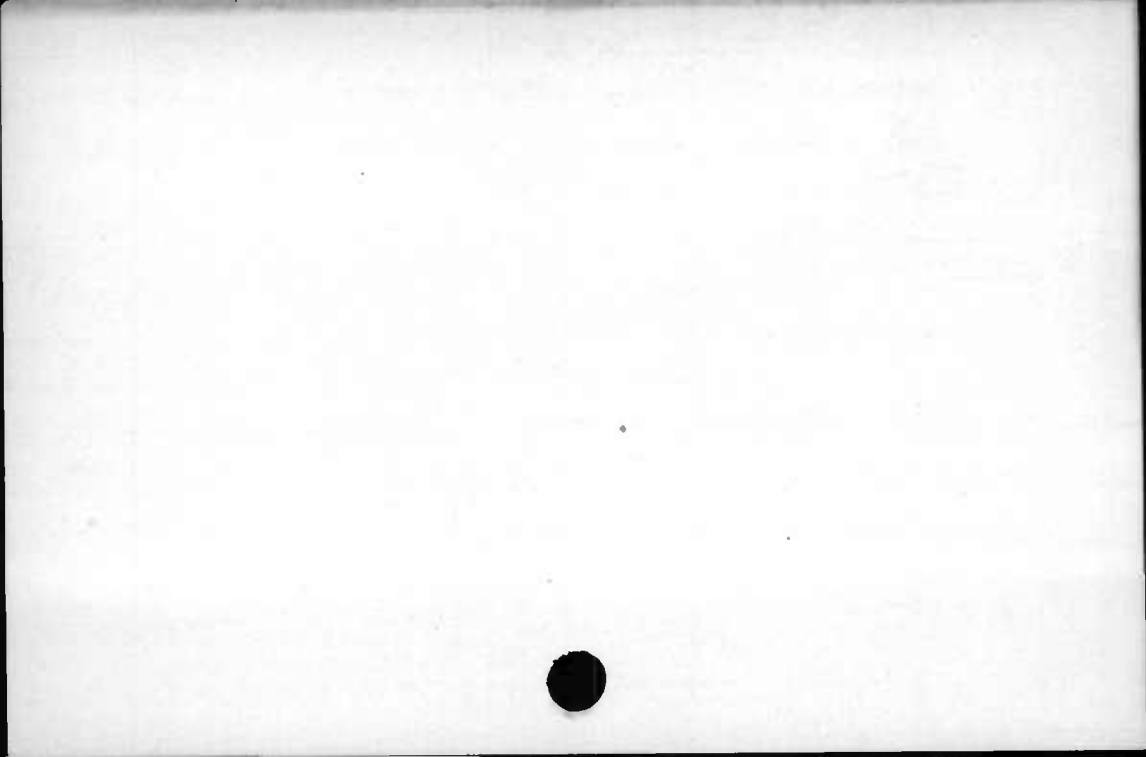
Died at <i>Cambridge</i>		County <i>Worcester</i>			
Date of death <i>1906</i>	Month <i>2</i>	Day <i>27</i>	Age <i>51</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place		
Occupation <i>lady</i>		Where Residing if not at place of death <i>Cambridge</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>R. C. Zubman</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James Willis Underwood</i>
<i>No physician in attendance</i>	Address <i>Cambridge Md.</i>
Accident or Suicide?	

(179)



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm Hubert Hornack

Died at Rents Grove ^{Town} Dorchester ^{County} MARYLAND

Date of death 1906 ^{Month} 2 ^{Day} 2 ^{Age} — ^{Years} — ^{Months} — ^{Days} 13

Sex Male Color or Race White Birthplace U.S.

Occupation Child Where Residing if not at place of death —

~~Married, Single~~ Widowed Name of Wife or Husband —

Father's Name Sylvester D Hornack Father's Birthplace U.S.

Mother's Maiden Name English Mother's Birthplace U.S.

Name of person giving information Father How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

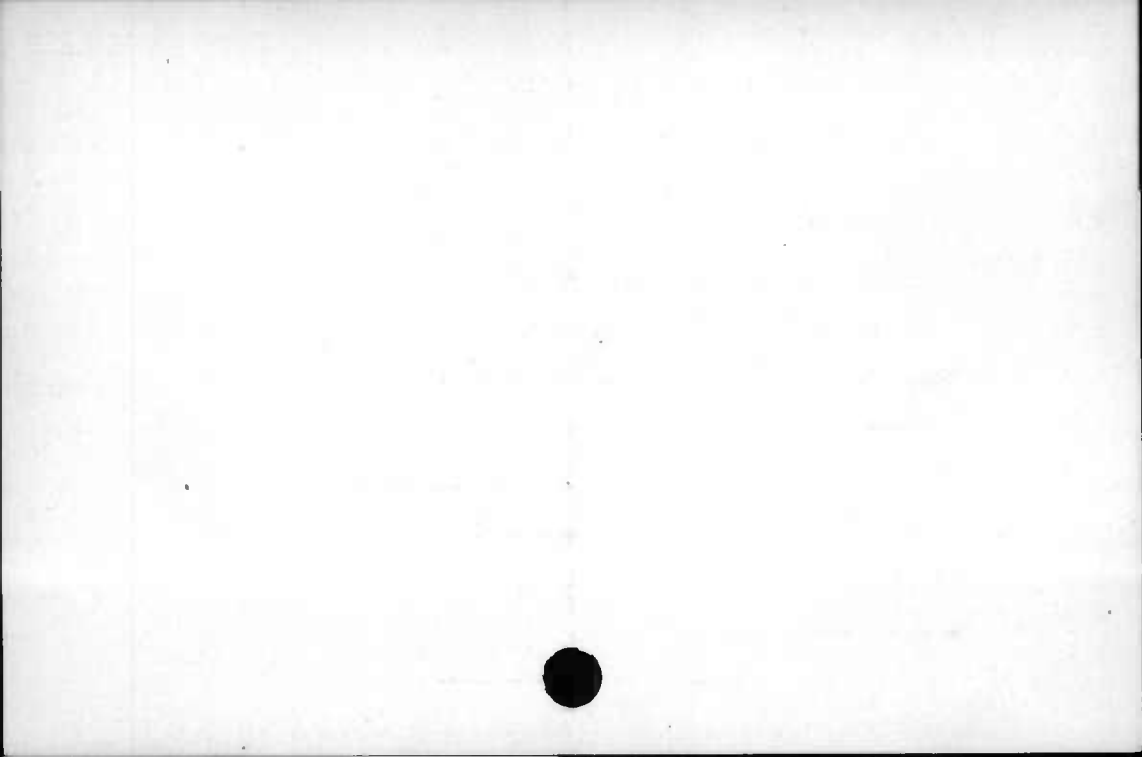
Primary Convulsion (71) How long 3 day

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. B. Brothman

Address Vermont

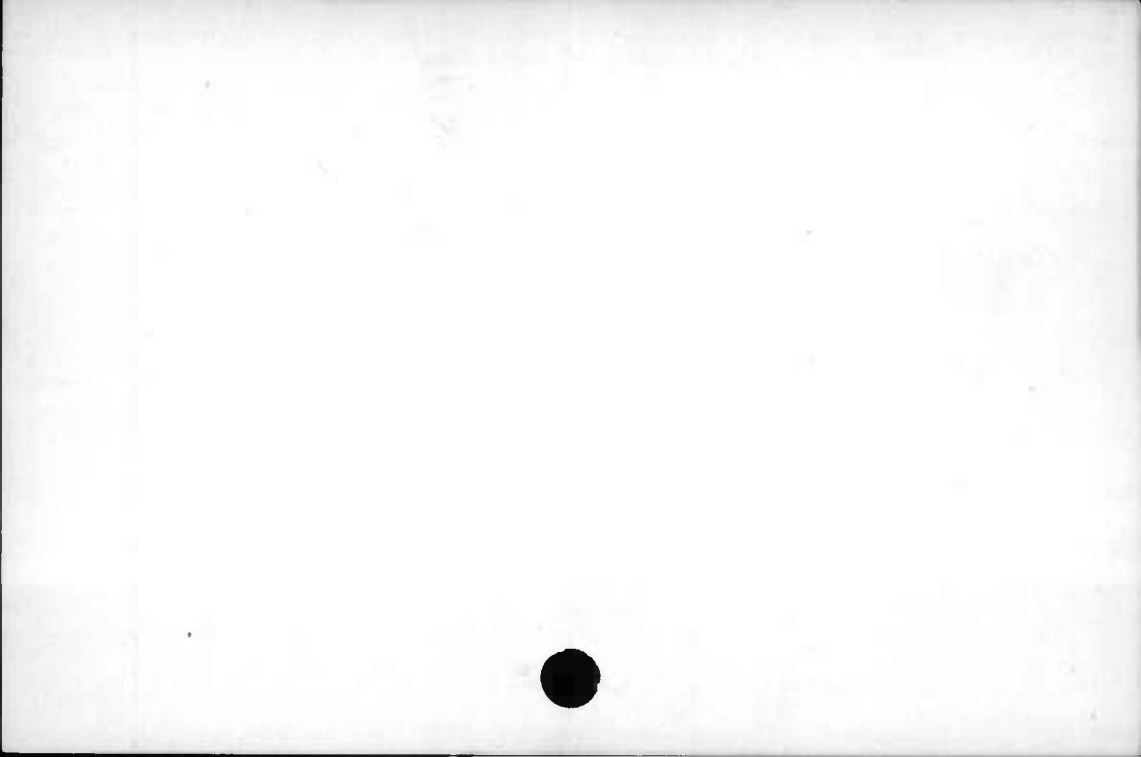
Accident or Suicide? no



Name in Full		Hannah E La Rue				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Thomas		County Dorchester		MARYLAND
	Date of death	1906	Month Feb	Day 2	Years 59	Months	Days
	Sex	Female		Color or Race	White		Birth-place N.J.
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Baker La Rue			
	Father's Name	Asher Keeney				Father's Birthplace	N.J.
	Mother's Maiden Name	Elij. Stokes				Mother's Birthplace	N.J.
Name of person giving information		B. La Rue				How related to deceased	Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Appendicitis				How long	6 days
	Immediate	Rupture of abscess stomach				How long	12 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	S A Stokes	
					Address	R 75 #5 Cambridge Md	
Accident or Suicide?							



Name in Full		Layton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town		County		MARYLAND	
	Date of death	1906	Month	2	Day	14	Age
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name	Bertha Layton				Mother's Birthplace	U.S.
Name of person giving information	C. Brohm				How related to deceased	None	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	S.				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	C. Brohm
						Address	Vienna, Md.
Accident or Suicide? Md.							



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

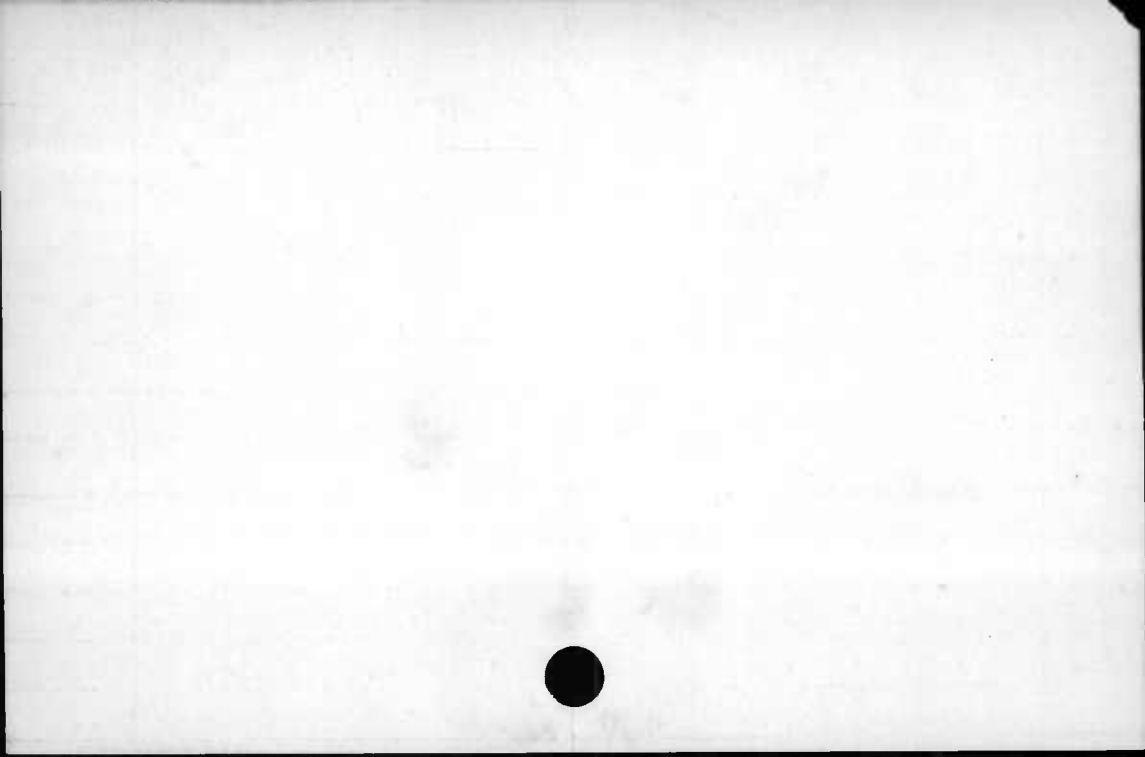
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Hills Point</i> ^{Town}		<i>Barclister</i> ^{County}	
Date of death 190 <i>6</i> ^{Month}	<i>Feb</i> ^{Day}	<i>1</i> ^{Years}	Age <i>67</i> ^{Months} <i>1</i> ^{Days} <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hills Point</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>	
Name of Wife or Husband			
Father's Name <i>Levin Thomas</i>		Father's Birthplace <i>Thomas Me</i>	
Mother's Maiden Name <i>Mary Elliot</i>		Mother's Birthplace	
Name of person giving information <i>Nellie Sherman</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
		Address <i>Cambridge Md</i>
Accident or Suicide?		



Name
in
Full

Caroline Moore

CERTIFICATE OF DEATH

Died at ^{Town} Cornmissville^{County} Barckster

MARYLAND

Date
of death 1906^{Month} Feb^{Day} 14

Age

^{Years} 70^{Months} 3^{Days}Sex FemaleColor or
Race WhiteBirth
place Lloyds MdOccupation NoneWhere Residing if not
at place of deathMarried, Single
or Widowed WidowedName of Wife or
HusbandFather's
Name Levin Bayton

(92)

Father's
Birthplace —Mother's
Maiden Name —Mother's
Birthplace —Name of person giving
In formation Emily MarshallHow related
to deceased daughter

CAUSES OF DEATH

Primary Broncho PneumoniaHow long 5 days

Immediate

How long

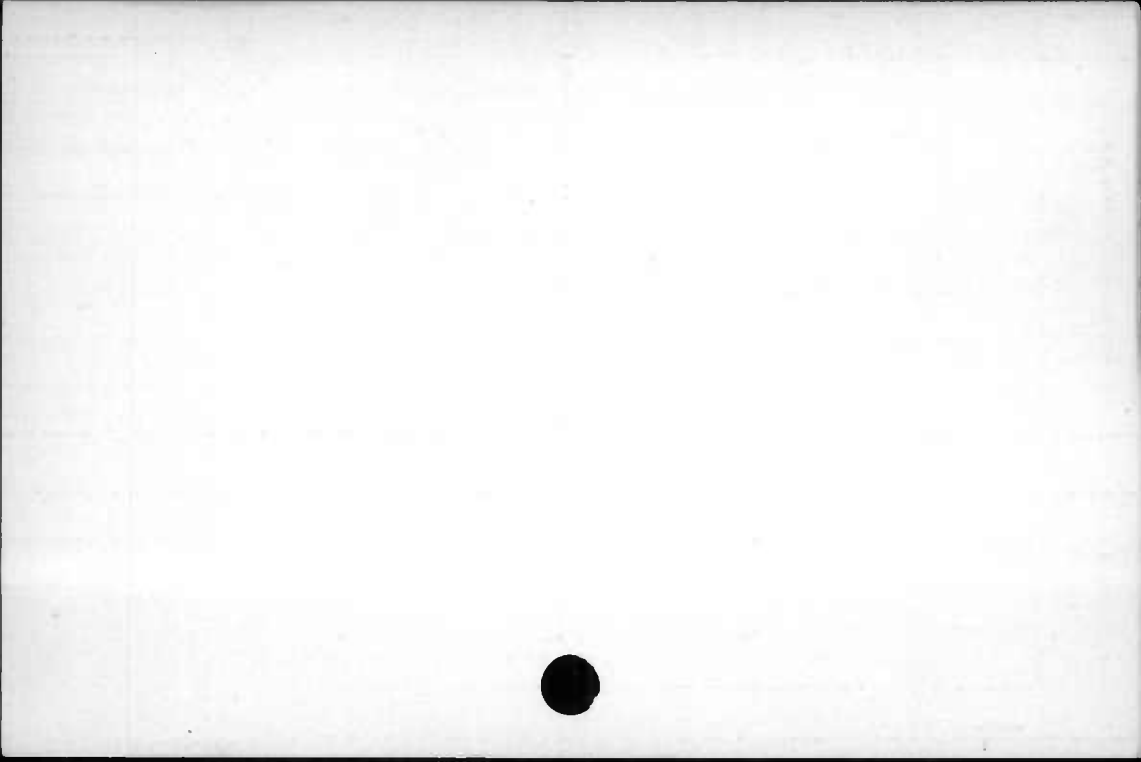
Are the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianS A Stokes M.D.


Address

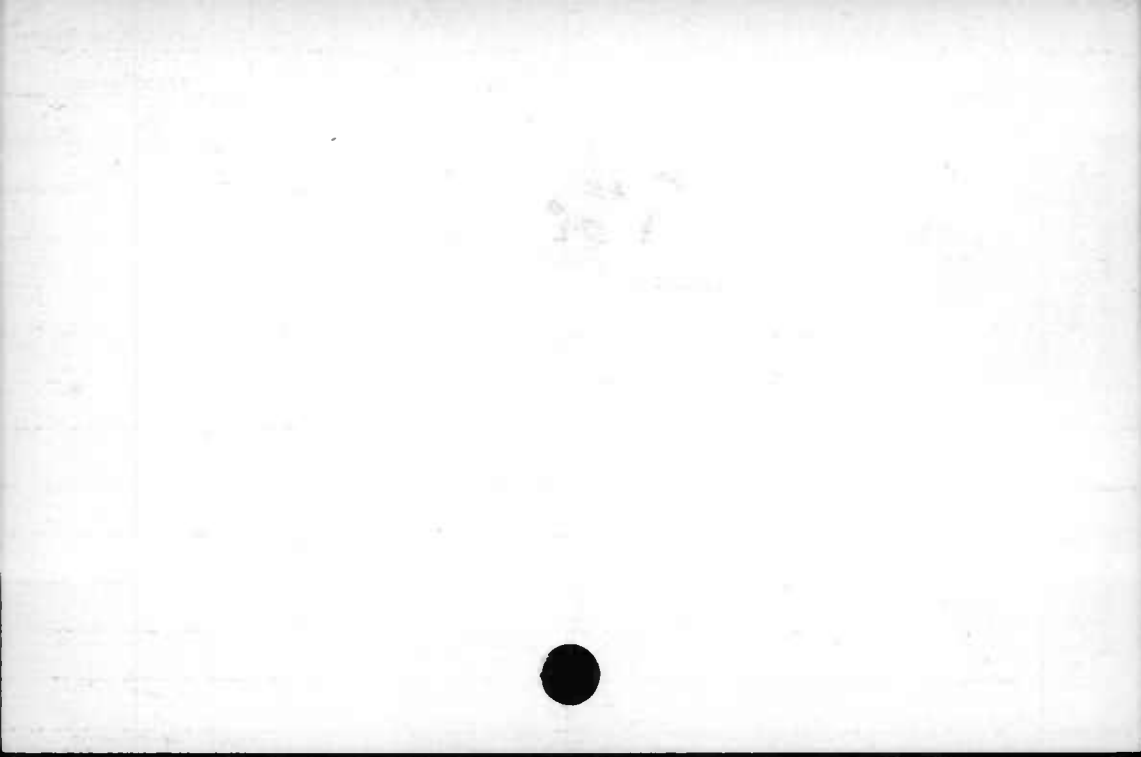
R 7 b # 5 Cambridge
Md

Accident or Suicide?

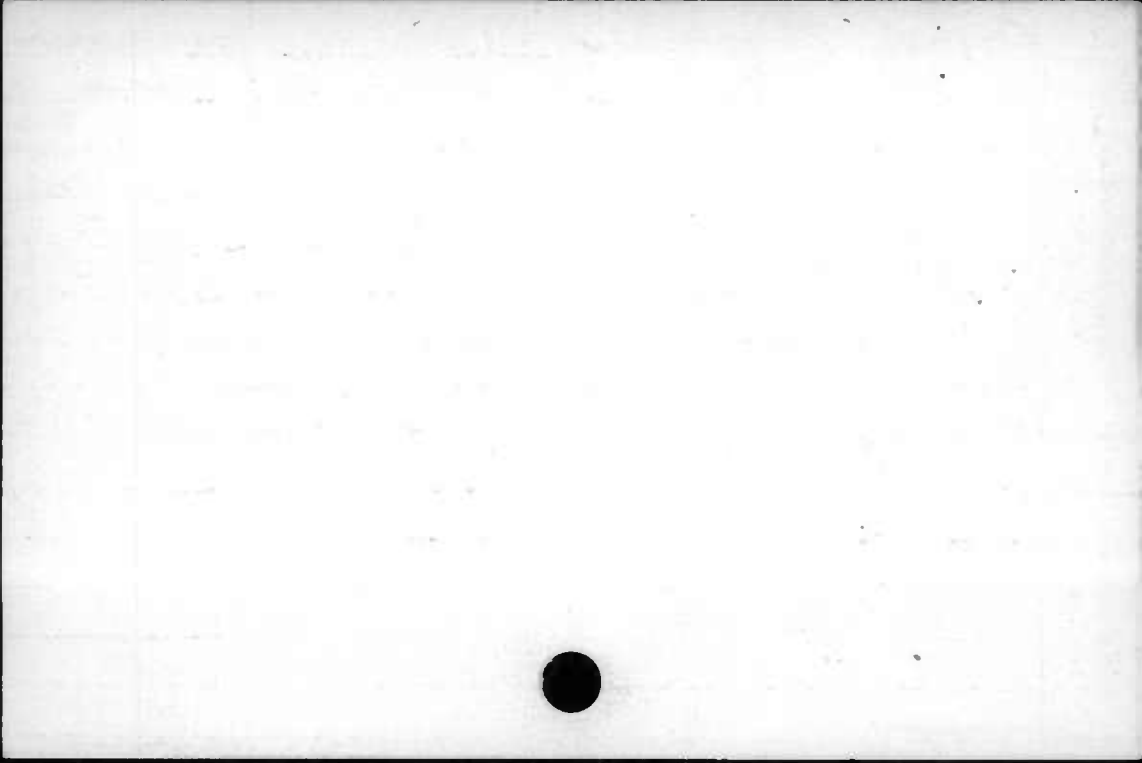
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cambridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND
	Date of death <i>1906</i>	Month <i>2</i>	Day <i>9</i>	Age <i>70</i>	Months <i>7</i> Days <i>25</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>	
	Occupation <i>Housewife</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John H. Mowbray</i>			
	Father's Name		Father's Birthplace		
	Mother's Maiden Name		Mother's Birthplace		
PHYSICIAN OR CORONER	Name of person giving information <i>John H. Mowbray</i>		How related to deceased <i>Husband</i>		
	CAUSES OF DEATH				
	Primary <i>Apoplexy.</i>	<i>(4)</i>			How long
	Immediate <i>Heart Failure</i>				How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Woelff</i>			
		Address 			
Accident or Suicide?					



Name in Full Samuel Murdoch		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambridge Town		County Dorchester		MARYLAND
	Date of death 1906	Month 4th	Day 12	Age 35 Years	Months — Days —
	Sex Male	Color or Race Black		Birthplace Med	
	Occupation operator		Where Residing if not at place of death Cambridge		
	Married, Single or Widowed Married		Name of Wife or Husband		
	Father's Name John 1st		Father's Birthplace		
	Mother's Maiden Name John 1st		Mother's Birthplace		
	Name of person giving information no one		How related to deceased		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Fully Asphyxiated		How long Sub 1 hr		(79)
	Immediate Asphyxiated		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John 1st		
			Address Cambridge, Md		
	Accident or Suicide?				



Name
in
Full

Annie Newman

CERTIFICATE OF DEATH

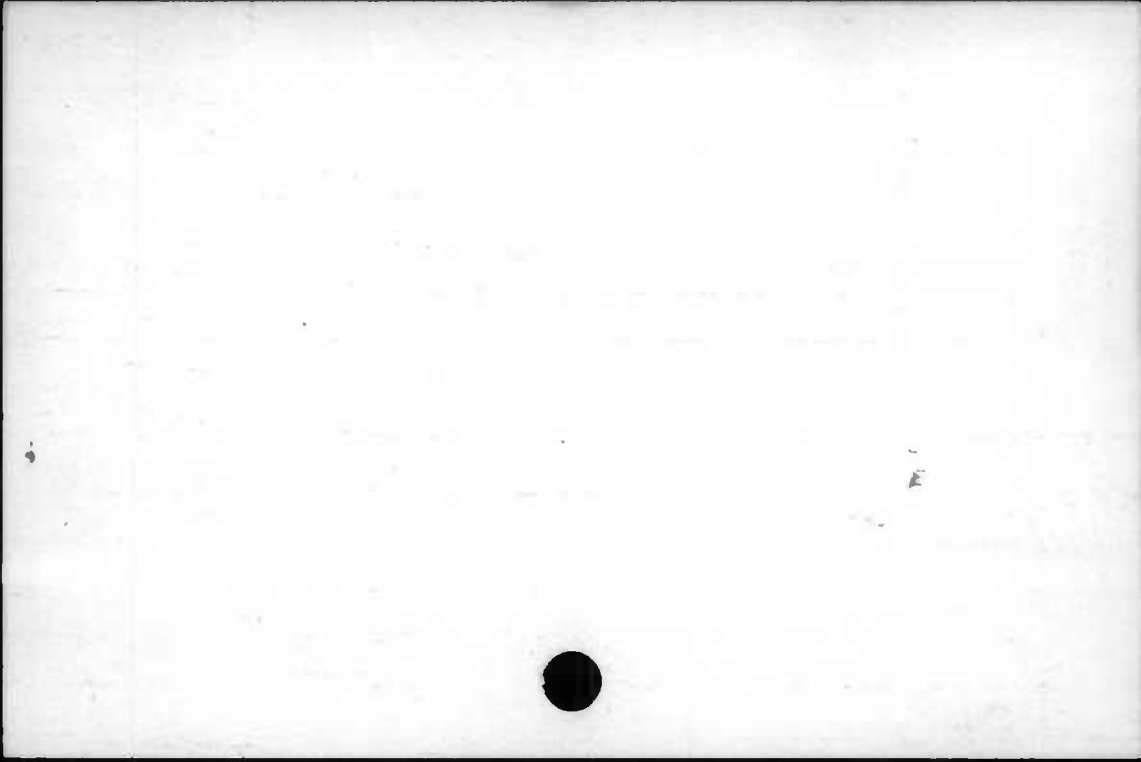
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chico Rock</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>Feb</i> <small>Month</small>	<i>20th</i> <small>Day</small>	Age <i>79</i> <small>Years</small>	<small>Months</small> <small>Days</small>
Sex <i>female</i>	Color <i>red</i> <small>Race</small>		Birth-place <i>unknown</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Chico Rock</i>				
Married <small>Single</small> or Widowed	Name of Wife or Husband <i>was John Newman</i>				
Father's Name <i>Geo. Newman</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Annie Jackson</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Mary Neal</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Wolf</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name
in
Full

Mit Nutt

CERTIFICATE OF DEATH

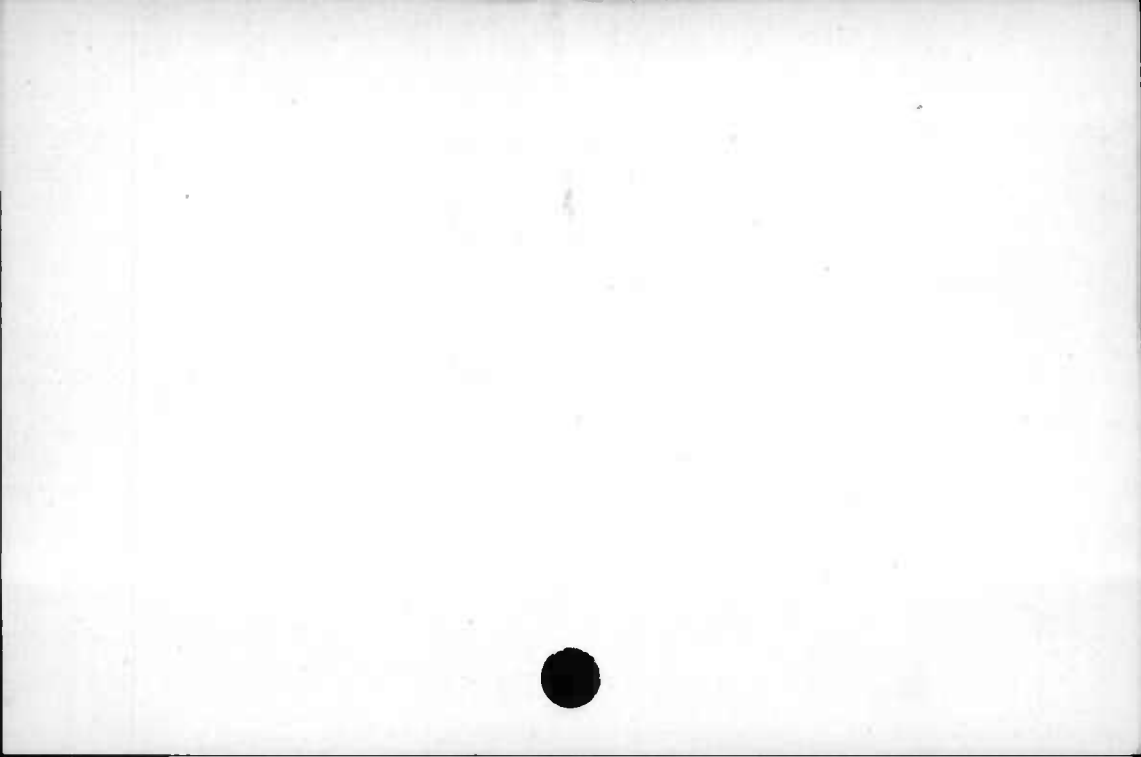
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND							
Date of death		1906	Month	2	Day	24	Age	Years	19	Months	—	Days	—
Sex		Female		Color or Race		Colored		Birth-place		U.S.			
Occupation		H W		Where Residing if not at place of death		—							
I am, Single		Name of Wife or Husband											
Father's Name		Wm Nutt		Father's Birthplace		U.S.							
Mother's Maiden Name		Louisa Johnson		Mother's Birthplace		U.S.							
Name of person giving information		Wm Nutt		How related to deceased		Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

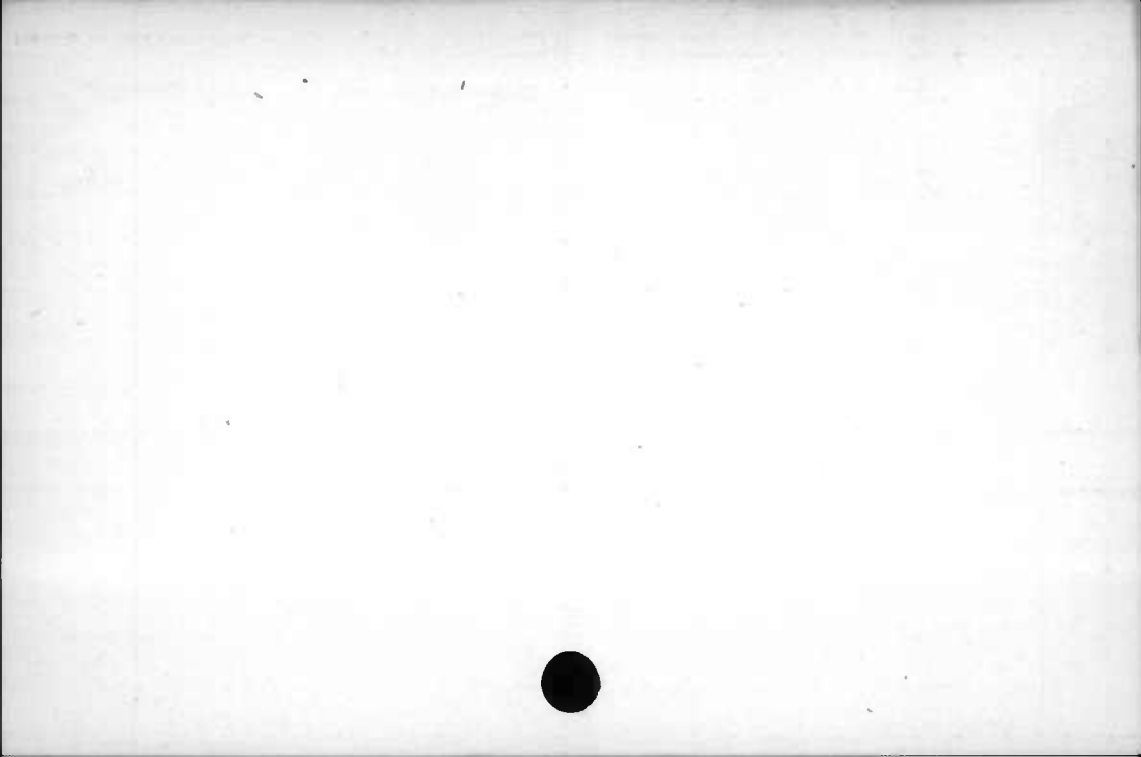
Primary	Tuberculosis (Pneumonia)	How long	6 mos
Immediate	Edema	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. T. Brothman	
Address		Twin	
Accident or Suicide?		No	



Name in Full		Philips				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND				
	James		Brechtman								
	Date of death	1906	Month	Feb	Day	18	Age	Years	Months	1	Days
	Sex	Female		Color or Race	White		Birth-place	James Md			
	Occupation	none				Where Residing if not at place of death					
	Married, Single or Widowed	—		Name of Wife or Husband		—					
	Father's Name	Saml. Philips					Father's Birthplace	James Md			
Mother's Maiden Name	Maggie A Hubbard					Mother's Birthplace	James Md				
Name of person giving information	S. Philips					How related to deceased	Father				
<div>CAUSES OF DEATH</div>											
PHYSICIAN OR CORONER	Primary	Poor development - Father is 69 yrs old					How long				
	Immediate	mother in poor health - dyspnea etc					How long				
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	S A Stokes			
							Address	R # 5 Cambridge Md			
<div>Accident or Suicide?</div>											

151





Name
in
Full

Wm James Pinder

CERTIFICATE OF DEATH

MARYLAND

Died at
Town Cambridge

County Dorchester

Date
of death 1906

Month 2

Day 28

Age

Years 16

Months 8

Days

Sex

Male

Color or
Race

Colored

Birth
place

Dorchester Co

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Robert Pinder

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Hattie Camper

Mother's
Birthplace

Dorchester Co

Name of person giving
In formation

Hattie Bowley

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

How long

Three weeks

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

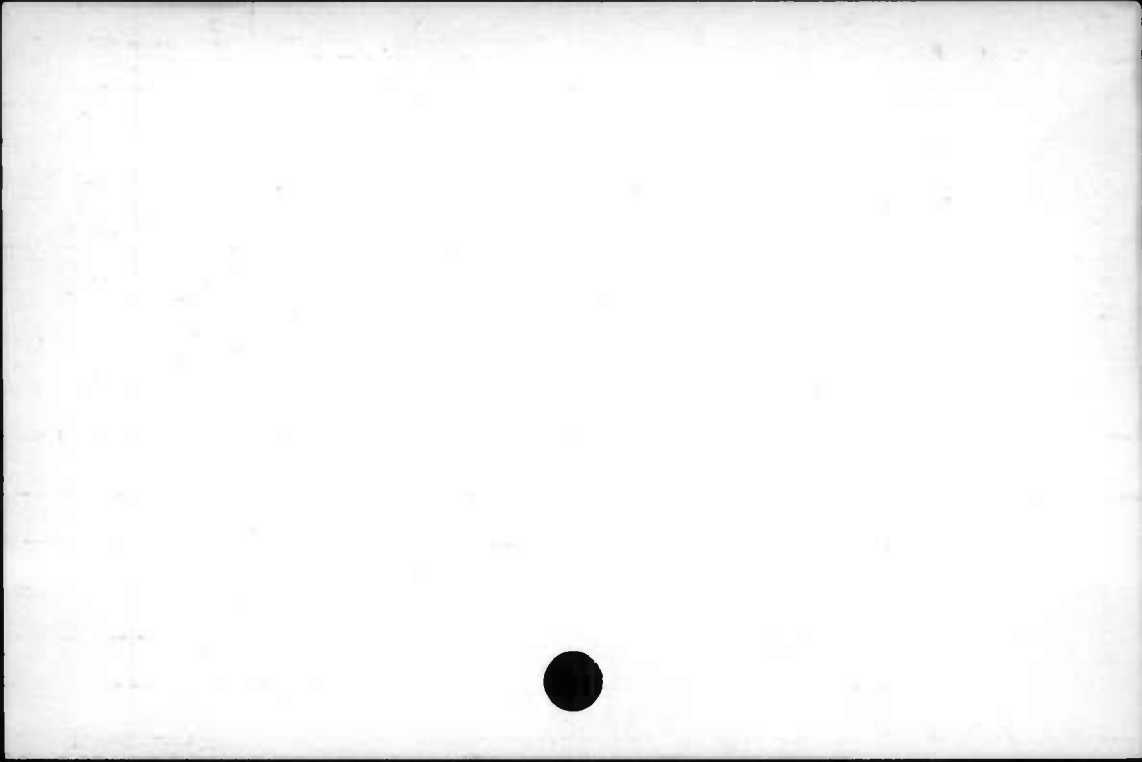
Signature of
Physician

Address

Dexter P Reynolds M.D.
Cambridge
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Agnes Roberts

Died at *Cambri d ga* ^{Town}*Dorchester* ^{County}

MARYLAND

Date of death *1906* ^{Month} *2* ^{Day} *28**26* ^{Years} Ago

Months

Days

Sex *Female*Color or
Race*blk*Birth-
place*Ind.*

Occupation

*Housework*Where Residing if not
at place of death*Camb. Md. Hospital*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Rheumatism

How long

Immediate

Heart Failure.

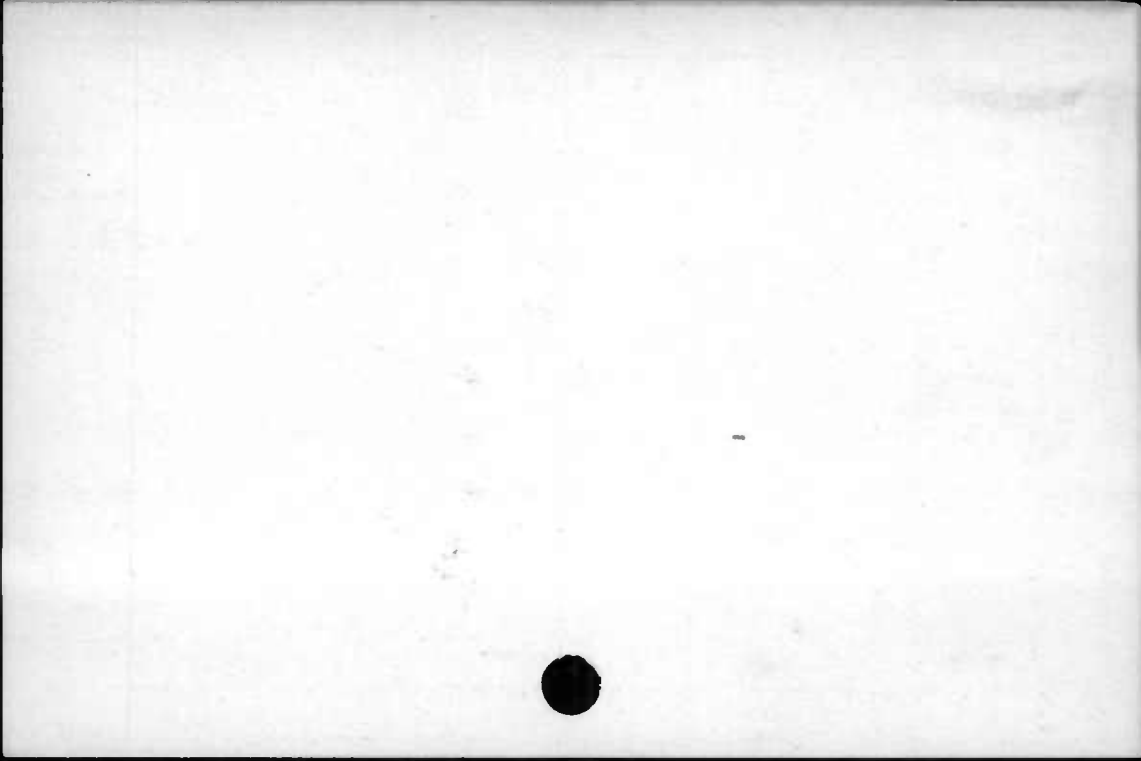
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. E. Wolff*

Address

Cambridge, Ind.

Accident or Suicide?



Name
in
Full

Alice Van Leer Moore

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Haverhill

Date

of death 1906

Month

7

Day

16

Age

Years

0

Months

Days

23

Sex

female

Color or
Race

white

Birth-
place

Haverhill

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Alex W. Moore

Mother's
Maiden Name

Mary E. Spence

Name of person giving
In formation

G. Rogers Myers

Father's
Birthplace

Dor Co

Mother's
Birthplace

Dor Co

How related
to deceased

nephew

CAUSES OF DEATH

Primary

abcess Hep Joint

How long

Immediate

Septicæmia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

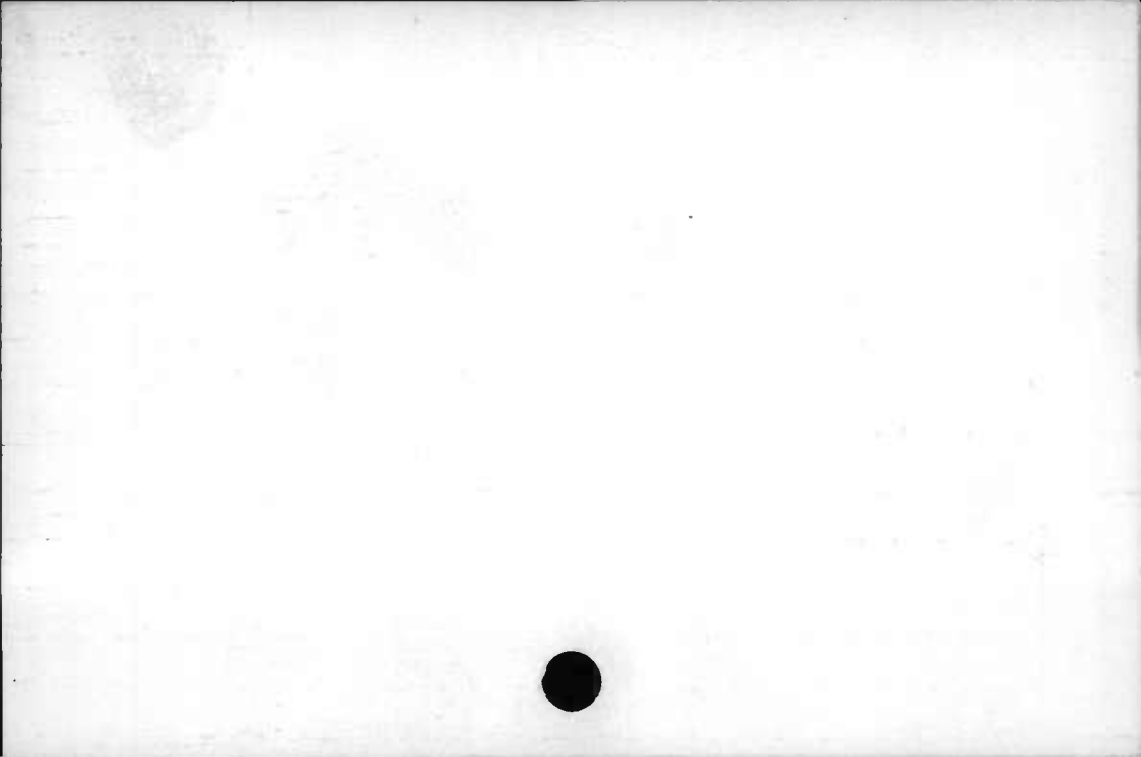
G. Rogers Myers MD

Accident or Suicide?

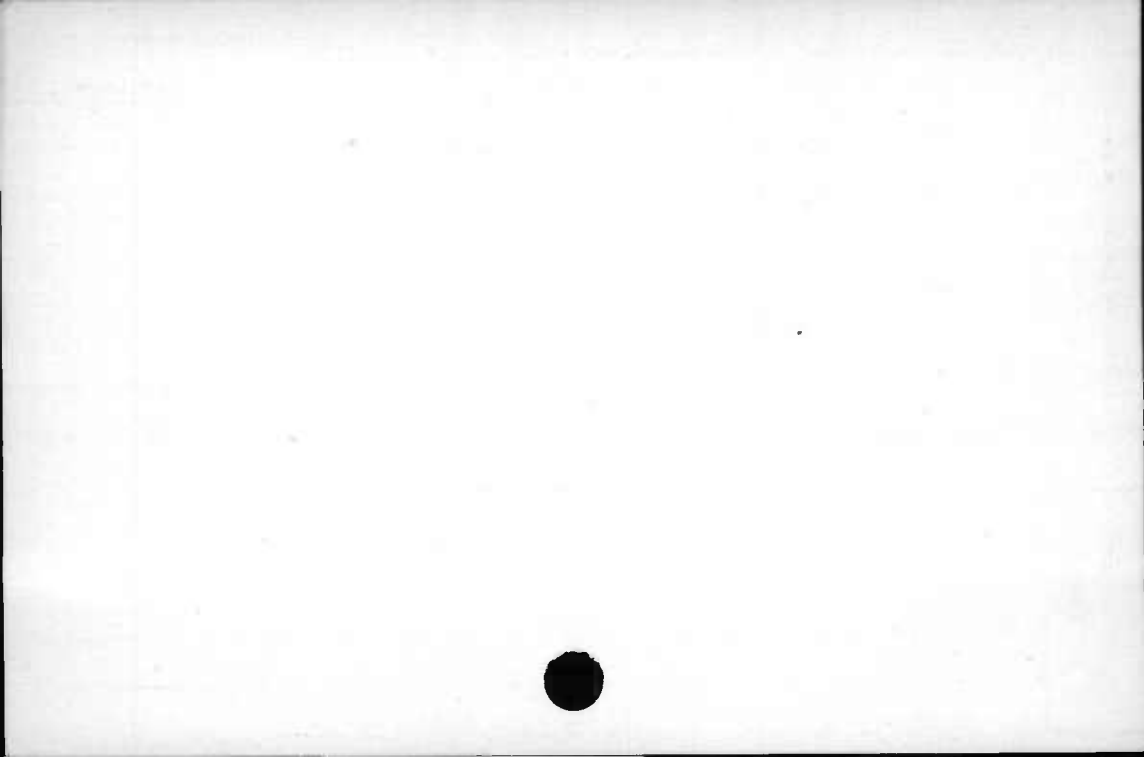
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



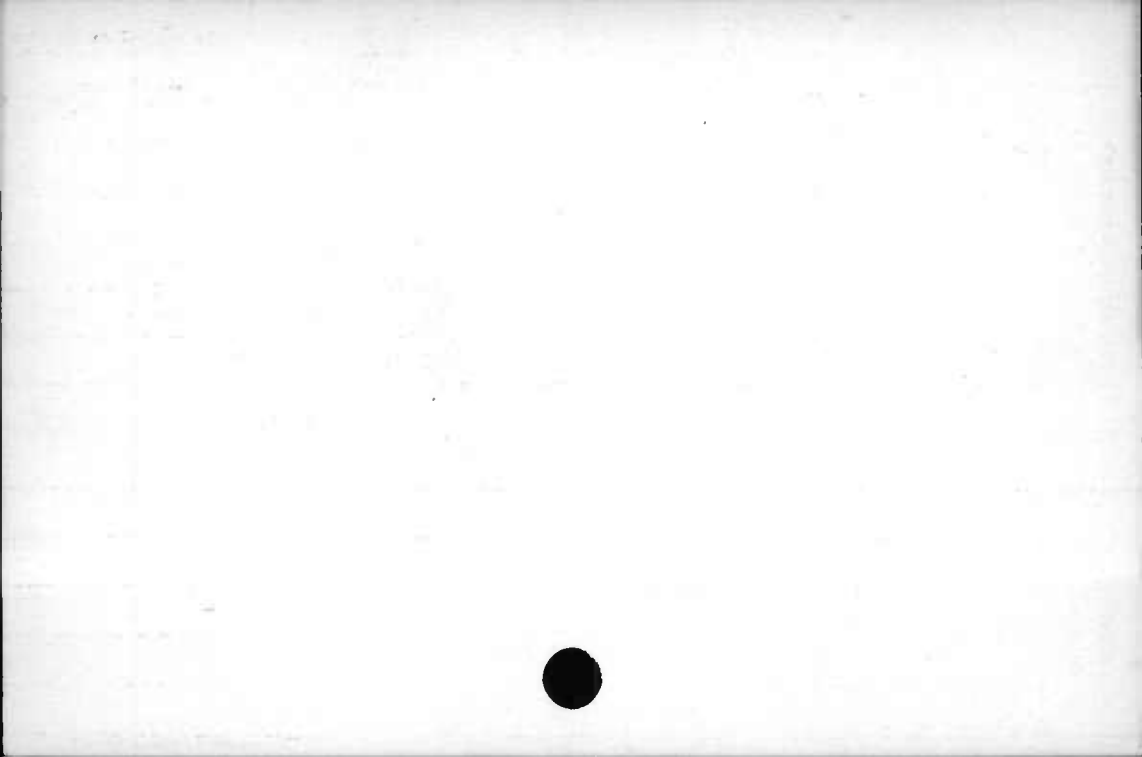
Name in Full		Hilloughby Sharp				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge		Town		Winchester	
	Date of death		1906	Month	Feb	Day	22
	Age		70		Years		
	Sex	Male		Color or Race	Colored		Birth place
	Occupation	Farmer		Where Residing if not at place of death		Aireys Md	
	Married, Single or Widowed	Married		Name of Wife or Husband	Eliza Small		
	Father's Name					Father's Birthplace	
PHYSICIAN OR CORONER	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	E. Sharp				How related to deceased	
	CAUSES OF DEATH						
	Primary	Pulm. Tuberculosis				How long	
Immediate	Genl Exhaustion				How long		
2	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Cambridge Md		
Accident or Suicide?							



Name in Full		Frances A. Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Madison		County Derchester		MARYLAND
	Date of death	1906	Month Feb'y.	Day 14	Age	Years 65	Months 8
	Sex Female		Color or Race White		Birth-place Dor. Co. Md		
	Occupation Housewife				Where Residing if not at place of death —		
	Married, Single or Widowed Married		Name of Wife or Husband Benjamin L. Smith M.D.				
	Father's Name Levi D. Travers				Father's Birthplace Dor. Co. Md		
	Mother's Maiden Name Prudence Spadden				Mother's Birthplace Dor. Co. Md		
	Name of person giving information Myself				How related to deceased Husband		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Cancer of Liver			How long about one year	
	Immediate		General exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician B. L. Smith M.D.		
					Address Madison Md		
	Accident or Suicide?						



Name in Full		Wood the Stewart				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND
	Date of death		1906	Month July	Day 9th	Years Six	Months Six
	Sex		Male		Color or Race Colored		Birth-place Somerset Co
	Occupation _____				Where Residing if not at place of death _____		
	Married, Single or Widowed		Single				
	Name of Wife or Husband		_____				
	Father's Name		Alexander J Stewart				Father's Birthplace Somerset Co
Mother's Maiden Name		Indiana Whittington				Mother's Birthplace Somerset Co	
Name of person giving information		Indiana Stewart				How related to deceased mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid Fever (1)				How long Three weeks
	Immediate		Asphyxia				How long _____
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dexter P Reynolds MD		
					Address Cambridge Md		
Accident or Suicide?							



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

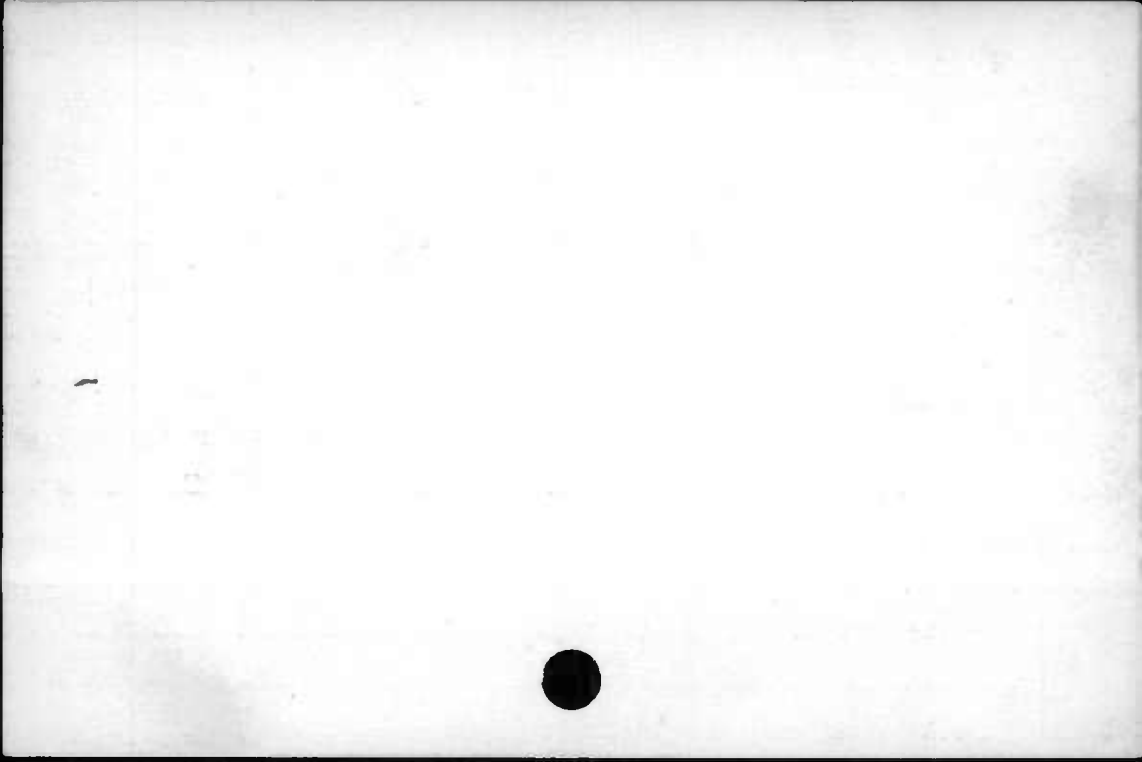
CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} <i>Cambridge</i>		^{County} <i>Dorchester</i>			
Date of death	<i>1906</i>	Month <i>Feb'y</i>	Day <i>17th</i>	Age <i>47</i>	Years
Sex	Color or Race <i>Colored</i>			Birth-place	<i>Unknown</i>
Occupation	<i>Laborer</i>			Where Residing If not at place of death	
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband <i>—</i>	
Father's Name	<i>—</i>			Father's Birthplace <i>—</i>	
Mother's Maiden Name	<i>—</i>			Mother's Birthplace <i>—</i>	
Name of person giving information	<i>(79)</i>			How related to deceased	

CAUSES OF DEATH

Primary	<i>Valvular Heart Disease</i>	How long
Immediate	<i>Acute Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician <i>E. E. Zwoeff</i>
		Address <i>Cambridge, Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

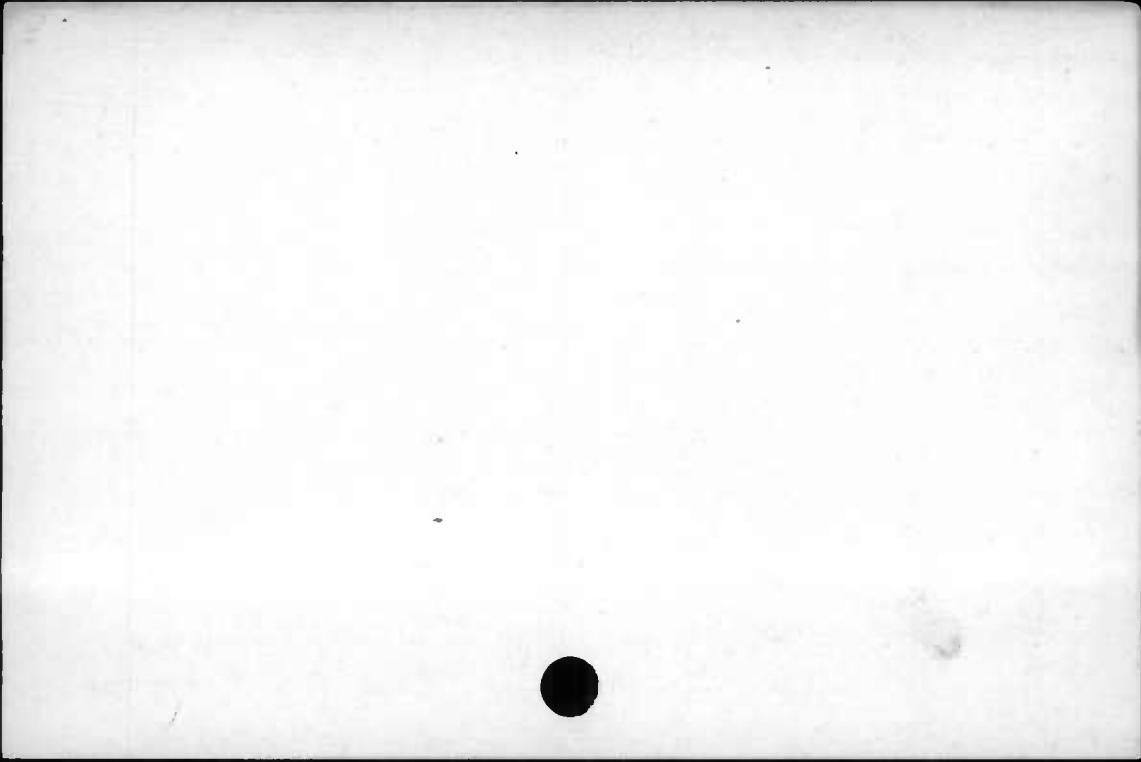
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>22nd</i>	Age <i>15</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Dor. Co. Md.</i>		
Occupation <i>School girl</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Single</i>			
Father's Name <i>Frank Travers</i>			Father's Birthplace <i>Dor. Co. Md.</i>		
Mother's Maiden Name <i>Larrina Thomas</i>			Mother's Birthplace <i>Dor. Co. Md.</i>		
Name of person giving information <i>Frank Travers</i>			How related to deceased <i>Father</i>		

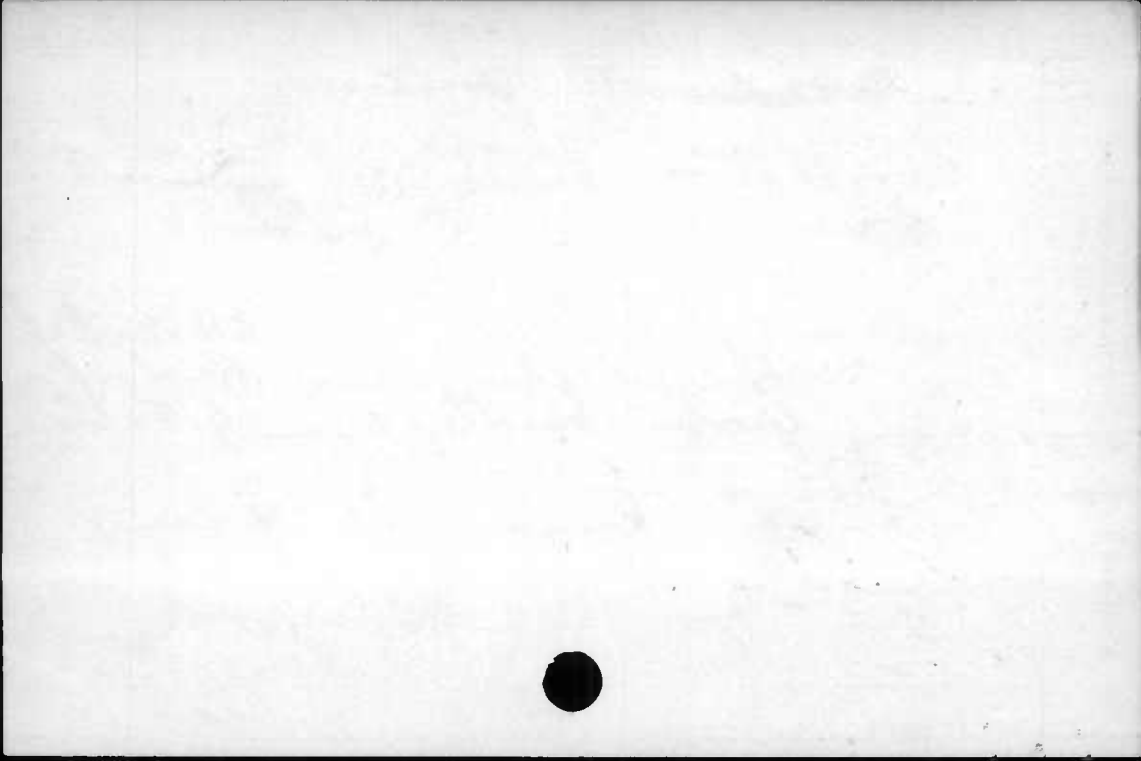
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>Five weeks</i>
Immediate <i>Don't know</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>E. L. Smith</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		David Tyler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Winchester		MARYLAND
	Date of death		1906	Month 2	Day 16	Age 32	Months Days
	Sex		male		Color or Race white		Birth-place Winchester,
	Occupation mill hand				Where Residing if not at place of death		
	Married, Single or Widowed		married		Name of Wife or Husband Martha Gray		
	Father's Name Robert Tyler				Father's Birthplace Wm. Co. Md		
	Mother's Maiden Name Susan Fox				Mother's Birthplace Wm. Co. Md		
Name of person giving information Martha Tyler				How related to deceased wife			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary Burn (scald) of leg & trunk & arms				How long 15 hours		
	Immediate Shock from shock				How long 1.0 hours		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Sam Stule</i>		
	Place in Cambridge Hospital				Address Cambridge Md		
Accident or suicide							



Name
in
Full

Elmira Wheatley

CERTIFICATE OF DEATH

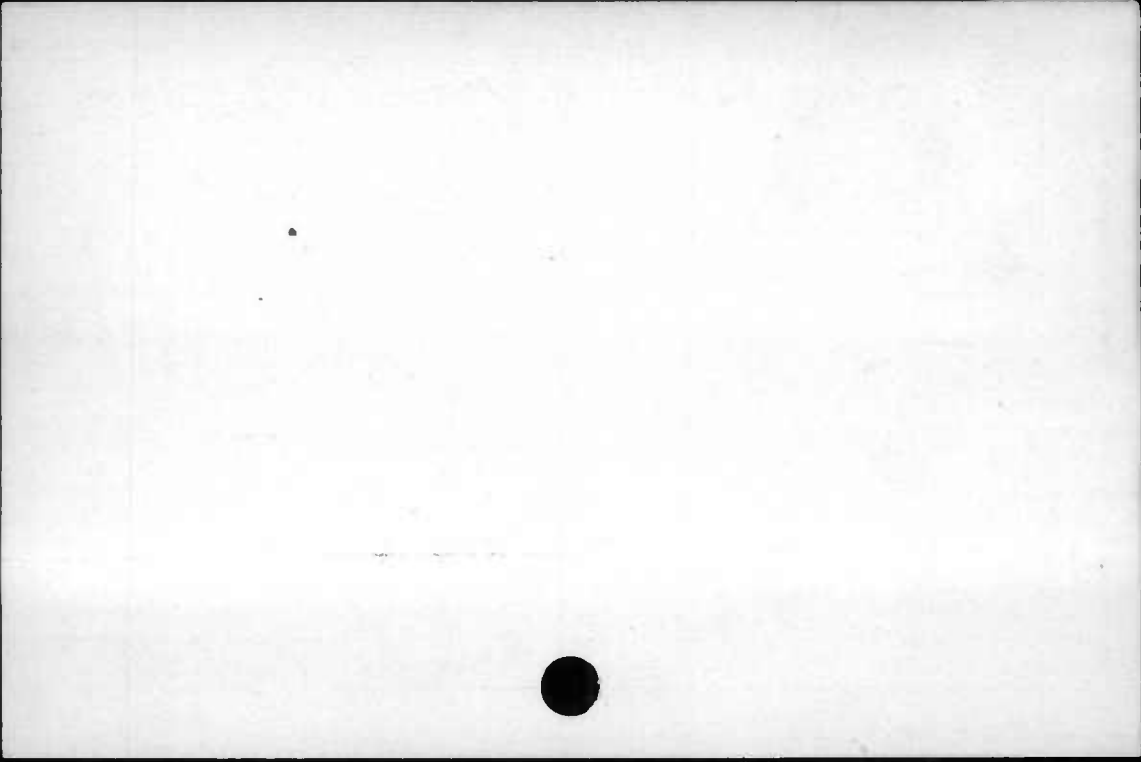
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Edinboro ^{York}		County York ^{Dorchester}		MARYLAND	
Date of death 1906		Month 2	Day 15	Age		Years	Months 11
Sex Female		Race Color White		Birth place		Lickwood	
Occupation		None		Where Residing at place of death		Lickwood	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Harry Wheatley				Father's Birthplace C. H. Markle	
Mother's Maiden Name		Bertha Coulbourne				Mother's Birthplace Hurlock's	
Name of person giving information		George E. Wheatley				How related to deceased G. Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchial Pneumonia		How long	8 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician A. H. Sayer	
			Address E. Neubrander Md.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

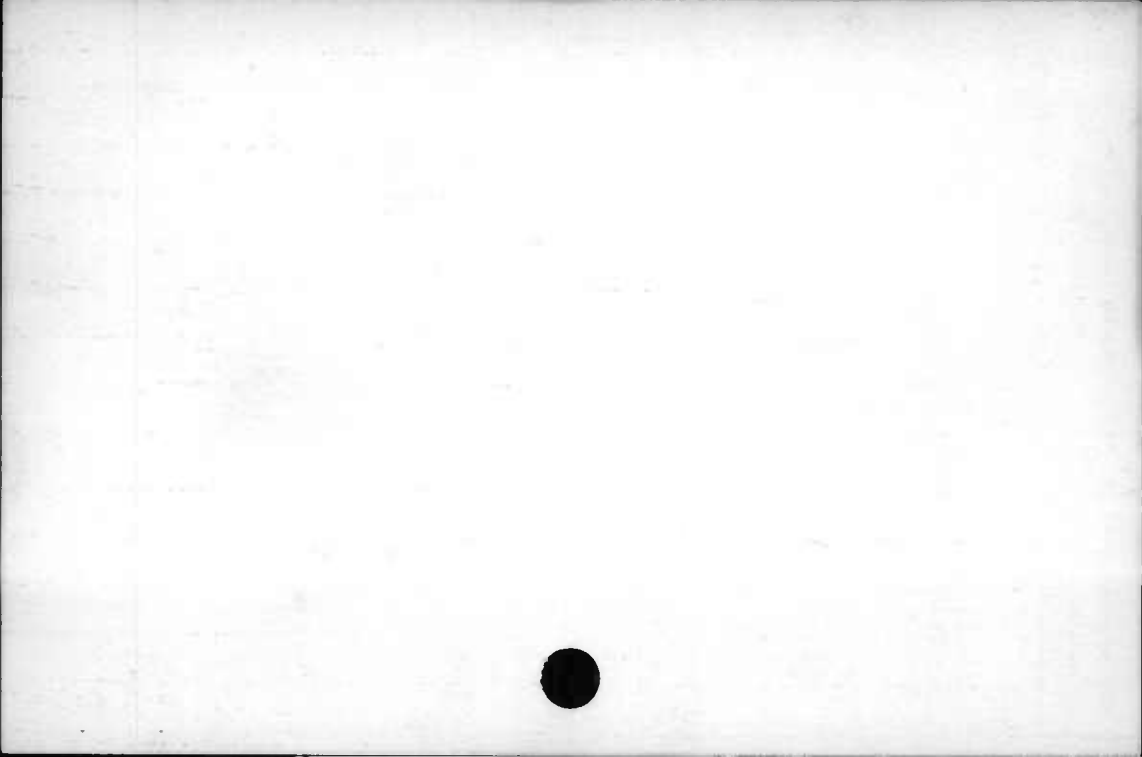
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Wonderly</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906</i>		<i>73</i>		<i>2</i>	
Month <i>2</i>		Day <i>16</i>		Years		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>			
Occupation <i>Farm laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Wonderly</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Mrs. Wingate</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio - Sclerosis</i>	How long	<i>81</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E E Woelff</i>	
<i>yes</i>		Address <i>Cambridge, Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Henrietta Woolford		Town Cambridge		County Dorchester		MARYLAND	
Died at		Date of death 1906		Month Feb.		Day 25	
Sex Female		Color or Race Blk		Age 26		Years 26	
Occupation Housework		Birth-place Ind.		Months —		Days —	
Where Residing if not at place of death Cambr.-Ind. Hospital.							
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name William Woolford		Father's Birthplace Ind.					
Mother's Maiden Name Lara Woolford.		Mother's Birthplace Ind.					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction	How long	108
Immediate	Shock	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. E. Wolff M. D.	
		Address Cambridge, Ind.	
Accident or Suicide?			

